

**DEMAREST MIDDLE SCHOOL
MEDICAL OFFICE
568 Piermont Road
Demarest, NJ 07626
Phone: 201-7686060 ext. 53326
Fax: 866-434-8203**

Dear Parent/Guardian,

The New Jersey Department of Health and Senior Services administrative rules require the following vaccines for students attending 6th grade in September of 2008 and later. The regulations state the following:

Every child born on or after January 1, 1997 and entering Grade Six on or after September 1, 2008 shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10th birthday.

Children entering or attending Grade Six on or after September 1, 2008 who received a Td booster dose less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or Td dose.

Every child born on or after January 1, 1997 and entering or attending Grade Six on or after September 1, 2008 shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine. (This applies to students when they turn 11 years of age and are in the sixth grade.)

This documentation is due August 26, 2019. If you have an appointment scheduled for your child's 11th birthday, after this date, you must bring in an appointment card for me to keep on file. Please note that if your child received the meningitis vaccine before age 11, please have your child's doctor write a reason for this and send it in. Thank you for your cooperation.

Sincerely,
K. McDermott RN, CSN
K. McDermott RN, CSN
School Nurse

**DEMARES MIDDLE SCHOOL
MEDICAL OFFICE
568 Piermont Road
Demarest, NJ 07627
Phone: 201-768-6060 ext. 53326
Fax: 866-434-8203**

Please have your child's doctor complete the following information and return it to School no later than August 26, 2019.

Student Name: _____ **DOB:** _____

The above named student has received:

1. The Tdap Booster on _____ or may not receive Tdap because a Td, DTP or DTap was given on

_____.

2. The Meningococcal vaccine was given on _____ or is scheduled to be given on _____.

3. Reason for Meningococcal given before 11th birthday if applicable:

Signature of Primary Care Provider

Print/Stamp of Primary Care MD

****Please return this form to the school nurse**